

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Pacific Life Insurance Company Political Action Committee

ADDRESS (number and street) ▼

700 Newport Center Drive

☐ Check if different than previously reported. (ACC)

Newport Beach

CA

92660

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00068528

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☐ July 15 Quarterly Report (Q2)  
☐ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE)  
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)  
☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☒ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day

PRE-Election Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
06 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Patricia Douglass

Signature of Treasurer

Patricia Douglass

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 12 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
06		01		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
06		30		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																		
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="6">2016</td></tr></table>	Y	Y	Y	Y	Y	Y	2016							<table><tr><td colspan="6">170422.05</td></tr></table>	170422.05					
Y	Y	Y	Y	Y	Y															
2016																				
170422.05																				
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="6">177128.24</td></tr></table>	177128.24																		
177128.24																				
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="6">32612.64</td></tr></table>	32612.64						<table><tr><td colspan="6">196818.83</td></tr></table>	196818.83											
32612.64																				
196818.83																				
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="6">209740.88</td></tr></table>	209740.88						<table><tr><td colspan="6">367240.88</td></tr></table>	367240.88											
209740.88																				
367240.88																				
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="6">97500.00</td></tr></table>	97500.00						<table><tr><td colspan="6">255000.00</td></tr></table>	255000.00											
97500.00																				
255000.00																				
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="6">112240.88</td></tr></table>	112240.88						<table><tr><td colspan="6">112240.88</td></tr></table>	112240.88											
112240.88																				
112240.88																				
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 06 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y  
 06 / 30 / 2016
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

30694.64

143883.20

(ii) Unitemized .....

1918.00

52935.63

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

32612.64

196818.83

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

32612.64

196818.83

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

32612.64

196818.83

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

32612.64

196818.83

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	97500.00	255000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	97500.00	255000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	97500.00	255000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	32612.64	196818.83
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32612.64	196818.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 105

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. CHRISTINE A TUCKER**

Mailing Address 289 SANTA ANA AVE

City

LONG BEACH

State

CA

Zip Code

90803-3570

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 07 / 2016

Transaction ID : 14097168

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Check

Full Name (Last, First, Middle Initial)

**B. MR. JOHN R CRAVEN**

Mailing Address 13225 BRIGHT SKY OVERLOOK

City

AUSTIN

State

TX

Zip Code

78732-2392

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

06 / 30 / 2016

Transaction ID : 8580699

Amount of Each Receipt this Period

-175.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MS. JUNE G ARCE**

Mailing Address 20050 EMERALD MEADOW DR

City

WALNUT

State

CA

Zip Code

91789-3506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR MKTG COMPL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103621012059

Amount of Each Receipt this Period

60.00

☐ Memo Item

P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2385.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. JULIE E TRASK**

Mailing Address 181 S CRAIG DR

City  
ORANGE

State  
CA

Zip Code  
92869-3731

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR10362121059

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DEWEY P BUSHAW**

Mailing Address 5433 RESIDENCIA

City

NEWPORT BEACH

State

CA

Zip Code

92660-9047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

EXEC VP RSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103623012059

Amount of Each Receipt this Period

416.00

☐ Memo Item

P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. MICHAEL J BUSSARD**

Mailing Address 5256 LYSANDER LN

City

BRENTWOOD

State

TN

Zip Code

37027-3110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103623112059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

556.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. EDWARD R BYRD**

Mailing Address 17520 PAGE CT

City

YORBA LINDA

State

CA

Zip Code

92886-3865

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP & CHF ACTG OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103623212059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOSEPH E CELENTANO**

Mailing Address 26661 CAMPESINO

City

MISSION VIEJO

State

CA

Zip Code

92691-6048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP & CHIEF RISK OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103623812059

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. LAURIE A CHURCH**

Mailing Address 21851 NEWLAND ST SPC 246

City

HUNTINGTON BEACH

State

CA

Zip Code

92646-7636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR ISS SERVICE SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103624212059

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

340.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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PAGE 9 OF 105

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. DENNIS M CORBETT**

Mailing Address 15136 TOURAIN WAY

City State Zip Code  
IRVINE CA 92604-3173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP TAX COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR103625112059**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. DEBRA CUNNINGHAM HONERKAMP**

Mailing Address 839 PROMONTORY DRIVE WEST

City State Zip Code  
NEWPORT BEACH CA 92660-7361

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RE DEVELOPMENT & ACQUISITNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR103625612059**

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$150.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. PETER J CURRY**

Mailing Address 1132 WINDSOR LN

City State Zip Code  
TUSTIN CA 92780-2843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

IT SERVICE MGMT CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR103625812059**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. STEPHANIE J CURRY**

Mailing Address 6453 MEADOWRIDGE DR

City

SANTA ROSA

State

CA

Zip Code

95409-5848

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

RETIREMENT STRATEGIES CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103625912059

Amount of Each Receipt this Period

105.00

☐ Memo Item

P/R Deduction (\$105.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. MARK R FALK**

Mailing Address 64 SUMMERSTONE

City

IRVINE

State

CA

Zip Code

92614-7000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103627112059

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$200.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. DAVID R FINEAR**

Mailing Address 718 K THANGA DR

City

CORONA DEL MAR

State

CA

Zip Code

92625-1734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RE INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103627812059

Amount of Each Receipt this Period

35.00

☐ Memo Item

P/R Deduction (\$35.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

340.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 105

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. FRANK J GOETZ**

Mailing Address 7 SOVENTE

City

IRVINE

State

CA

Zip Code

92606-0830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP & ASST CHIEF UNDRWRTR ADM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103629012059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. MILDA C GOODMAN**

Mailing Address 310 ALISO AVE

City

NEWPORT BEACH

State

CA

Zip Code

92663-5103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CORPORATE ADVERTISING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103629212059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. LORENE C GORDON**

Mailing Address 1640 CARMELITA

City

LAGUNA BEACH

State

CA

Zip Code

92651-3330

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP OPERATIONS & PMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103629312059

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 105

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

A. MR. ADRIAN S GRIGGS

Mailing Address 616 NARCISSUS AVE

City State Zip Code  
 CORONA DEL MAR CA 92625-2417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

EVP &amp; CHIEF FIN OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : PR103629612059

Amount of Each Receipt this Period

416.00

☐ Memo Item

P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. DALE E HAWLEY

Mailing Address 1137 SUNSET CLIFFS BLVD

City State Zip Code  
 SAN DIEGO CA 92107-4014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : PR103630712059

Amount of Each Receipt this Period

74.00

☐ Memo Item

P/R Deduction (\$74.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. KEVIN A HENDRA

Mailing Address 58 VIAGGIO LN

City State Zip Code  
 FOOTHILL RANCH CA 92610-1925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP TAX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : PR103631112059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

590.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. SHELLY J HIGGINS**

Mailing Address 33032 TESORO ST

City  
DANA POINT

State Zip Code  
CA 92629-1332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP ACCT SYS OPS & STRTG INIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103631512059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. HOWARD T HIRAKAWA**

Mailing Address 23972 GOLDENEYE DR

City  
LAGUNA NIGUEL

State Zip Code  
CA 92677-1332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP INVESTMENT ADVISOR OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103631612059

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. CAROL A JENSEN**

Mailing Address 8554 202ND STREET SW

City  
EDMONDS

State Zip Code  
WA 98026-6643

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP M FINANCIAL DISTRIBUTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103632412059

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$300.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JEFF R JOHNSON**

Mailing Address 1 SAND OAKS RD.

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-5720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PORTFOLIO MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103632512059

Amount of Each Receipt this Period

80.00

☐ Memo Item

P/R Deduction (\$80.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. SUZANNE T KAMPA**

Mailing Address 5531 STANFORD AVE

City

GARDEN GROVE

State

CA

Zip Code

92845-2434

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR INTERNAL AUDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103633212059

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. BRIAN D KLEMENS**

Mailing Address 24611 BENJAMIN CIR

City

DANA POINT

State

CA

Zip Code

92629-6013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103633712059

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 105

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. FLETCHER C LARSON**

Mailing Address 709 AVENIDA MIROLA

City State Zip Code  
 PALOS VERDES ESTATES CA 90274-4307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103634712059

Amount of Each Receipt this Period

400.00

☐ Memo Item

P/R Deduction (\$400.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. TERESA M LORD**

Mailing Address 16432 CAMINO CANADA LN

City State Zip Code  
 HUNTINGTON BEACH CA 92649-5206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR SYSTEMS ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103635412059

Amount of Each Receipt this Period

45.00

☐ Memo Item

P/R Deduction (\$45.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. LAURENE E MAC ELWEE**

Mailing Address 1033 SECRETARIAT CIR

City State Zip Code  
 COSTA MESA CA 92626-1620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP FUND COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103635612059

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

620.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 105

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. STEPHANIE J BABKOW**

Mailing Address 9901 OCEANCREST DR

City	State	Zip Code
HUNTINGTON BEACH	CA	92646-8259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP NEW BUSINESS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : PR103635812059**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. THOMAS J MAYS**

Mailing Address 7406 PALOMA DR

City	State	Zip Code
HUNTINGTON BEACH	CA	92648-6847

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP GOVT RELNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : PR103636012059**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. GAIL H MC INTOSH**

Mailing Address 19781 WATERVIEW LN

City	State	Zip Code
HUNTINGTON BEACH	CA	92648-3047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : PR103636112059**

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

265.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. MORGAN C MC KNIGHT**

Mailing Address 1217 HIGHCREST DR

City

BURLESON

State

TX

Zip Code

76028-7467

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

APPLIC DEV CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103636412059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOSE T MISCOLTA**

Mailing Address 3 GRETCHEN COURT

City

ALISO VIEJO

State

CA

Zip Code

92656-5203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INVESTMENT MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103637512059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. ELIZABETH A MOORE**

Mailing Address 6412 N 159TH ST

City

OMAHA

State

NE

Zip Code

68116-4055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SYSTEMS ANALYSIS CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103637612059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JAMES T MORRIS**

Mailing Address 32141 COOK LN

City State Zip Code  
 SAN JUAN CAPISTRANO CA 92675-3934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

CHAIRMAN, PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103637912059

Amount of Each Receipt this Period

416.00

☐ Memo Item

P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. JOYCE J PEAD**

Mailing Address 25 SUNRISE

City State Zip Code  
 IRVINE CA 92603-3719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP HR BUS PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103640012059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. THEODORE A PREMIER**

Mailing Address 20 MOLINO

City State Zip Code  
 NEWPORT BEACH CA 92660-9116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP RE INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103640812059

Amount of Each Receipt this Period

350.00

☐ Memo Item

P/R Deduction (\$350.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

866.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOSEPH A PUM**

Mailing Address 33 BOLERO

City State Zip Code  
MISSION VIEJO CA 92692-5160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103640912059

Amount of Each Receipt this Period

105.00

☐ Memo Item

P/R Deduction (\$105.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. THOMAS M RONCE**

Mailing Address 19 GLEN ELLEN

City State Zip Code  
IRVINE CA 92602-2002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & TAX COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103642012059

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. RICHARD J SCHINDLER**

Mailing Address 28472 AVENIDA PLACIDA

City State Zip Code  
SAN JUAN CAPISTRANO CA 92675-6319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

EVP LIFE INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103642612059

Amount of Each Receipt this Period

416.00

☐ Memo Item

P/R Deduction (\$416.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

696.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 105

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. KIMBERLY K SCHULTZ**

Mailing Address 28392 CALLE PINON

City State Zip Code  
 SAN JUAN CAPISTRANO CA 92675-5802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103643012059

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. CATHY L SCHWARTZ**

Mailing Address 87 PELICAN CT

City State Zip Code  
 NEWPORT BEACH CA 92660-2930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103643112059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. SONJA V SCOTT**

Mailing Address 30 CANYONWOOD

City State Zip Code  
 IRVINE CA 92620-1221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COMPENSATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103643312059

Amount of Each Receipt this Period

55.00

☐ Memo Item

P/R Deduction (\$55.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

330.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. BRADLEY W SHERRELL**

Mailing Address 2315 VIA ZAFIRO

City

SAN CLEMENTE

State

CA

Zip Code

92673-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP TECH OFFICE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103643512059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. CAROL R SUDBECK**

Mailing Address 11 SOMMET

City

NEWPORT COAST

State

CA

Zip Code

92657-0104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP CORPORATE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1664.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103645012059

Amount of Each Receipt this Period

416.00

☐ Memo Item

P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JOHN G TORELL**

Mailing Address 355 S LORETTA DR

City

ORANGE

State

CA

Zip Code

92869-4633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & ASSISTANT CONTROLLER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103645812059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

566.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. STEPHEN J TORETTA**

Mailing Address 22862 ORENSE

City

MISSION VIEJO

State

CA

Zip Code

92691-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP ASSOCIATE GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103645912059

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. KHANH T TRAN**

Mailing Address 47 VERNAL SPG

City

IRVINE

State

CA

Zip Code

92603-0404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ACG CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103646012059

Amount of Each Receipt this Period

416.66

☐ Memo Item

P/R Deduction (\$416.66 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. EDDIE D TUNG**

Mailing Address PO BOX 10386

City

NEWPORT BEACH

State

CA

Zip Code

92658-0386

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP VAR PRODUCTS ACTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103646212059

Amount of Each Receipt this Period

115.00

☐ Memo Item

P/R Deduction (\$115.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

606.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. CATHRYN L VAN WEY

Mailing Address 41974 CARSON CT

City

MURRIETA

State

CA

Zip Code

92562-2254

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP NATL ACCTS &amp; BD SVCS

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : PR103646312059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. JOHN M WALDECK

Mailing Address 67 LAURELHURST DR

City

LADERA RANCH

State

CA

Zip Code

92694-0204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP COMMERCIAL MORTGAGE INV

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : PR103646512059

Amount of Each Receipt this Period

416.66

☐ Memo Item

P/R Deduction (\$416.66 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. JOHN WHITE

Mailing Address 28532 VIA PRIMAVERA

City

SAN JUAN CAPISTRANO

State

CA

Zip Code

92675-5513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP SALES SUPPORT

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : PR103647412059

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$200.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

716.66

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. ALAN D WUEST**

Mailing Address 4473 AUGUSTA DR

City  
OCEANSIDE

State  
CA

Zip Code  
92057-5005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP OPERATIONS SUPPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103648012059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. ROBIN S YONIS**

Mailing Address 8 CASTLEBAR

City  
IRVINE

State  
CA

Zip Code  
92618-4043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & FUND ADVISOR COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103648212059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. REED J LLOYD**

Mailing Address 84 NORTHWOODS RD

City  
NORTH GRANBY

State  
CT

Zip Code  
06060-1003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP RETIREMENT STRATEGIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103652112059

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

175.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. REX A OLSON**

Mailing Address 1963 PORT LAURENT PL

City State Zip Code  
 NEWPORT BEACH CA 92660-7118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP&SR MANAGING DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103652212059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. CYNTHIA D BARNARD**

Mailing Address 510 TUSTIN AVE

City State Zip Code  
 NEWPORT BEACH CA 92663-4821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP & VALUATION ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103652912059

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. CAROLYN DEAN**

Mailing Address PO BOX 3051

City State Zip Code  
 DANA POINT CA 92629-8051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ACCOUNTING DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103653412059

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. CAROL E RUMSEY**

Mailing Address 25221 SPINDLEWOOD

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-1967

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP FUND & ADVISOR COMPLIANCE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103654512059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. PHILIP A TEETER**

Mailing Address 31422 ALTA LOMA DR

City

LAGUNA BEACH

State

CA

Zip Code

92651-6926

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP TECHNOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103654712059

Amount of Each Receipt this Period

275.00

☐ Memo Item

P/R Deduction (\$275.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. TENNYSON S OYLER**

Mailing Address 18 ASHFORD

City

IRVINE

State

CA

Zip Code

92618-3916

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP BRAND MGMT & PUBLIC AFFAIRS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103656112059

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. VALERIE MORRIS

Mailing Address 48 W YALE LOOP

City State Zip Code  
 IRVINE CA 92604-3619

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 30 2016

Transaction ID : PR103656812059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. PATRICIA S DOUGLASS

Mailing Address 640 SAINT JAMES RD

City State Zip Code  
 NEWPORT BEACH CA 92663-5855

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP GOVT RELNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 30 2016

Transaction ID : PR103657312059

Amount of Each Receipt this Period

330.00

☐ Memo Item

P/R Deduction (\$330.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. SILAS K DUNN

Mailing Address 14 ELDERWOOD

City State Zip Code  
 IRVINE CA 92614-7449

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PSD COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 30 2016

Transaction ID : PR103658412059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

480.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. CHRISTINA Q HE**

Mailing Address 16625 SONORA STREET

City

TUSTIN

State

CA

Zip Code

92782-1939

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP INVESTMENT STRATEGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103658712059

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOHN F O'DONNELL**

Mailing Address 24566 MOONFIRE DR

City

DANA POINT

State

CA

Zip Code

92629-1779

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103659612059

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$200.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. RICHARD A TAUBE**

Mailing Address 24081 NUTHATCH LN

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-1382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP INSTITUTIONAL SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103660412059

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$200.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

440.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. TRAVIS R MC KAY**

Mailing Address 48 GOLF AVE

City State Zip Code  
 CLARENDON HILLS IL 60514-1252

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103660612059

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. KATHARINE B YOUNG**

Mailing Address 18647 SANTA ISADORA ST

City State Zip Code  
 FOUNTAIN VALLEY CA 92708-6232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP VALUATION & RISK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1290.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103661012059

Amount of Each Receipt this Period

220.00

☐ Memo Item

P/R Deduction (\$220.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. CHRISTOPHER VAN MIERLO**

Mailing Address 400 EL VUELO

City State Zip Code  
 SAN CLEMENTE CA 92672-7513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP RSD SALES CHF MKTG OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103661512059

Amount of Each Receipt this Period

416.00

☐ Memo Item

P/R Deduction (\$416.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

811.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. DOUGLAS J URATA

Mailing Address 28202 MILLWOOD RD

City State Zip Code  
TRABUCO CANYON CA 92679-1210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ISP MKTG ASSOC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : PR103661612059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. RICHARD M WILKES

Mailing Address 11144 SAGE CREEK DR

City State Zip Code  
GALENA OH 43021-8007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : PR103662712059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. RICHARD S BANNO

Mailing Address 26666 WHITE OAKS DR

City State Zip Code  
LAGUNA HILLS CA 92653-7577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RE SECURITIES & RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : PR103662812059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 105

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. STEPHEN M BOLLINGER**

Mailing Address 17345 FLAME TREE CIR

City	State	Zip Code
FOUNTAIN VALLEY	CA	92708-3521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : PR103663012059

Amount of Each Receipt this Period

60.00

☐ Memo Item

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. MARY ANN BROWN**

Mailing Address 304 WEYMOUTH PL

City	State	Zip Code
LAGUNA BEACH	CA	92651-1455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

EVP CORPORATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : PR103663112059

Amount of Each Receipt this Period

416.66

☐ Memo Item

P/R Deduction (\$416.66 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. LORI K CARRASCO**

Mailing Address 2742 PORTOLA DR

City	State	Zip Code
COSTA MESA	CA	92626-5819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ASST CORP SECRETARY DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : PR103663212059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

526.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. SIMON S FENG**

Mailing Address 10 CANDELA

City State Zip Code  
 IRVINE CA 92620-1823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP BUS & TECH INTEG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103663512059

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$200.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. THOMAS GIBBONS**

Mailing Address 4400 PARK NEWPORT

City State Zip Code  
 NEWPORT BEACH CA 92660-6054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP TREASURY TAX & ENTERPRISE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2220.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103663612059

Amount of Each Receipt this Period

375.00

☐ Memo Item

P/R Deduction (\$375.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. MARY M HAWKINS**

Mailing Address 6182 S 177TH ST

City State Zip Code  
 OMAHA NE 68135-2897

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP OPS BUS SOLUTNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103663912059

Amount of Each Receipt this Period

70.00

☐ Memo Item

P/R Deduction (\$70.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

645.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. MARK A KARPE

Mailing Address 16 AUTUMNLEAF

City State Zip Code  
IRVINE CA 92614-7596

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : PR103664112059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. GREGORY L KEELING

Mailing Address 325 LA JOLLA DR #2

City State Zip Code  
NEWPORT BEACH CA 92663-4143

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : PR103664212059

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. STEPHAN P MITCHELL

Mailing Address 31870 PASEO NAVARRA

City State Zip Code  
SAN JUAN CAPISTRANO CA 92675-3651

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PRODUCT MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : PR103664612059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. MR. CHAD A ROSS**

Mailing Address 1667 ALTA VISTA DR

City State Zip Code  
VISTA CA 92084-5709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR BROKER DEALER SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103664912059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

## **B. MR. DAVID K ROSUCK**

Mailing Address 20 SAINT JOHN DR

City State Zip Code  
HAWTHORN WOODS IL 60047-9176

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP MKTG COMMUNICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103665012059

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

## **C. MS. CHERYL L TOBIN**

Mailing Address 24426 PEACOCK ST

City State Zip Code  
LAKE FOREST CA 92630-1864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103665712059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 105

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. GEORGE A PAULIK**

Mailing Address 314 ROLLING ROCK RD SE

City State Zip Code  
 MARIETTA GA 30067-4646

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

NAT'L SALES LEADERSHIP CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103666512059

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JEFF J BRADSHAW**

Mailing Address 22081 OAK GRV

City State Zip Code  
 MISSION VIEJO CA 92692-4302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP CORP DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103666712059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. KAREN M BROWN**

Mailing Address 1230 FOWLER CREEK RD

City State Zip Code  
 SONOMA CA 95476-6230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP MODEL OFC ANN TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103666912059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 36 OF 105

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. STEPHEN K ENG**

Mailing Address 5 PURPLE SAGE

City	State	Zip Code
IRVINE	CA	92603-3706

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR RISK MGT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : PR103667312059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. CHARLENE A GRANT**

Mailing Address 3311 SEAVIEW AVE

City	State	Zip Code
CORONA DEL MAR	CA	92625-3056

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : PR103667512059

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. DAVID C HONERKAMP**

Mailing Address 839 PROMONTORY DRIVE WEST

City	State	Zip Code
NEWPORT BEACH	CA	92660-7361

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RE ASSET MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : PR103667612059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

275.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 105

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. KRISTINA L KENNEDY

Mailing Address 6 CAMARIN ST

City State Zip Code  
 FOOTHILL RANCH CA 92610-1939

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP ACTUARIAL &amp; APPOINTED ACTY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : PR103667812059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. SHARON E PACHECO

Mailing Address 21611 BLUEJAY ST

City State Zip Code  
 TRABUCO CANYON CA 92679-3469

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP CHIEF COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : PR103668212059

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. DAWN M TRAUTMAN

Mailing Address 308 REGATTA WAY

City State Zip Code  
 SEAL BEACH CA 90740-5985

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP PRODUCT MGT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : PR103668612059

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$300.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

390.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 105

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. JEFFREY R WILT

Mailing Address 1 BAILEY DR

City

GLENWOOD

State

NJ

Zip Code

07418-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : PR103668812059

Amount of Each Receipt this Period

65.00

☐ Memo Item

P/R Deduction (\$65.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. STUART A HOLLAND

Mailing Address 4931 CAREFREE TRAIL

City

PARKER

State

CO

Zip Code

80134-5240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP RETAIL SALES

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : PR103669112059

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. CHIN H KIM

Mailing Address 18 AMANTES

City

RANCHO SANTA MARGARITA

State

CA

Zip Code

92688-2704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ADVANCED MRKTG

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : PR103670212059

Amount of Each Receipt this Period

130.00

☐ Memo Item

P/R Deduction (\$130.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

370.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. RONALD C SEXTON**

Mailing Address 2800 KELLER DR APT 50

City State Zip Code  
TUSTIN CA 92782-1005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR DATABASE ADMINISTR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR103670912059**

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. KEITH C WERSCHKE**

Mailing Address 25252 NORTHRUP DR

City State Zip Code  
LAGUNA HILLS CA 92653-5223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP RSD RISK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR103671212059**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JIM Y CHU**

Mailing Address 22931 GALAXY LN

City State Zip Code  
LAKE FOREST CA 92630-4905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PRICING & DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR103671412059**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

190.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. TIFFANY L GREGATH**

Mailing Address 2820 CAMINO CAPISTRANO APT D

City State Zip Code  
SAN CLEMENTE CA 92672-4812

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP MARKETING SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103671512059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. STEVEN H GOLDBERG**

Mailing Address 11 TWIN FLOWER ST

City State Zip Code  
LADERA RANCH CA 92694-1323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

PRODUCT MGMT DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103671812059

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JASON T TODD**

Mailing Address 15 LEWISTON CT

City State Zip Code  
LADERA RANCH CA 92694-0532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR103719912059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. MADHU VIJAY**

Mailing Address 2 SKYGATE

City

ALISO VIEJO

State

CA

Zip Code

92656-1820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

EVP & CHIEF FIN OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR106147512059

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. ROBERT J AVELLINO**

Mailing Address 3 PHEASANT DR.

City

MOUNT LAUREL

State

NJ

Zip Code

08054-5302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR106147812059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. CARLETON J MUENCH**

Mailing Address 111 NORTHERN PINE LOOP

City

ALISO VIEJO

State

CA

Zip Code

92656-6056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP INVESTMENT OVERSIGHT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR106148312059

Amount of Each Receipt this Period

45.00

☐ Memo Item

P/R Deduction (\$45.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

345.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. TIM N SHAHEEN**

Mailing Address 27621 HOMESTEAD RD

City	State	Zip Code
LAGUNA NIGUEL	CA	92677-6603

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP SHARED SVCS &amp; STRAT PLNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : PR106148712059

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JAMES F SHERIDAN**

Mailing Address 9584 ROBIN AVE

City	State	Zip Code
FOUNTAIN VALLEY	CA	92708-7250

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR ACG/AIRCRAFT SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : PR110846912059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. DAVID J VAN DE WATER**

Mailing Address 8616 NW LAKESHORE AVE

City	State	Zip Code
VANCOUVER	WA	98665-6536

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

MARKETING CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : PR111068912059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

275.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 43 OF 105

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MS. ANN E FARLEY**

Mailing Address 4014 ALADDIN DR

City	State	Zip Code
HUNTINGTON BEACH	CA	92649-4225

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INNOVATION MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : PR113233512059

Amount of Each Receipt this Period

45.00

☐ Memo Item

P/R Deduction (\$45.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. ROGER D BOND**

Mailing Address 225 SAN TROPEZ CT.

City	State	Zip Code
LAGUNA BEACH	CA	92651-4417

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR PROFESSIONAL PRACTICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : PR155988912059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. ANDREW OLEKSIW**

Mailing Address 22 SKY RANCH RD

City	State	Zip Code
LADERA RANCH	CA	92694-1546

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP CORP DEVELPMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : PR155989012059

Amount of Each Receipt this Period

45.00

☐ Memo Item

P/R Deduction (\$45.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

140.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. EDWIN J FERRELL**

Mailing Address 34 CASTLEROCK

City State Zip Code  
 IRVINE CA 92603-0153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP INVSTMT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR221307512059**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. NANCY A HILL**

Mailing Address 9 AMBERWICKE

City State Zip Code  
 DOVE CANYON CA 92679-3742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP REGULATORY COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR221307812059**

Amount of Each Receipt this Period

45.00

☐ Memo Item

P/R Deduction (\$45.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. DENIS P KALSCHEUR**

Mailing Address 15 BELMONT

City State Zip Code  
 NEWPORT BEACH CA 92660-6732

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VICE CHAIRMAN ACG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR221307912059**

Amount of Each Receipt this Period

416.00

☐ Memo Item

P/R Deduction (\$416.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

561.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. JENNIFER L ST ONGE**

Mailing Address 3 GIVERNY

City	State	Zip Code
NEWPORT COAST	CA	92657-1007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP FIN &amp; DERIVATIVE RPTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : PR221308012059**

Amount of Each Receipt this Period

70.00

☐ Memo Item

P/R Deduction (\$70.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. TIMOTHY C MYERS**

Mailing Address 9 TROFELLO LN

City	State	Zip Code
ALISO VIEJO	CA	92656-6215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

CORP TAX DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : PR221308612059**

Amount of Each Receipt this Period

130.00

☐ Memo Item

P/R Deduction (\$130.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JAY C HAMILTON**

Mailing Address 14 ARGOS

City	State	Zip Code
LAGUNA NIGUEL	CA	92677-9003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP CONTRACTS &amp; CONFIGURATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : PR223363512059**

Amount of Each Receipt this Period

60.00

☐ Memo Item

P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

260.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. RICHARD J MILLER**

Mailing Address 2628 RYCROFT CT

City

CHESTERFIELD

State

MO

Zip Code

63017-7108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP BUSINESS DEVELOPMENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : PR317368412059

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DOUGLAS P JACKSON**

Mailing Address 59 AUGUSTA

City

COTO DE CAZA

State

CA

Zip Code

92679-4829

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PROD MGMT &amp; SALES SPPT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : PR327771212059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. WILLIAM D BELL**

Mailing Address 12123 COURSER AVE

City

LA MIRADA

State

CA

Zip Code

90638-1422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ADVANCED DESIGNS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : PR336778412059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

450.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. DANIEL E KOMOROSKE

Mailing Address 2 ENTERPRISE APT 7307

City State Zip Code  
 ALISO VIEJO CA 92656-8006

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP LIFE REINSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 30 2016

Transaction ID : PR336778812059

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. ADRIENNE MOUCH

Mailing Address 2524 W WATROUS AVE

City State Zip Code  
 TAMPA FL 33629-5345

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 30 2016

Transaction ID : PR336779012059

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. KAREN L MOYER

Mailing Address 4821 SUNNYBROOK AVE

City State Zip Code  
 BUENA PARK CA 90621-1044

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR SYSTEMS ANA (LD)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 30 2016

Transaction ID : PR336779112059

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

290.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. BRIAN D PEAD**

Mailing Address 25 SUNRISE

City State Zip Code  
 IRVINE CA 92603-3719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP APPL ARCH & INTEG.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR336779412059**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JON W RUELLE**

Mailing Address 3273 CALIFORNIA ST

City State Zip Code  
 COSTA MESA CA 92626-2200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DATA GOVERNANCE CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR336779712059**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. PARAG S SHAH**

Mailing Address 24972 FOOTPATH LN

City State Zip Code  
 LAGUNA NIGUEL CA 92677-6000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP PRODUCT DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR336779812059**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. KARI S TURIGLIATTO

Mailing Address 253 NIETO AVE

City

LONG BEACH

State

CA

Zip Code

90803-5522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : PR336779912059

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. DEIDRE B BECKLEY

Mailing Address 24215 SPARKLING SPRING LN

City

LAKE FOREST

State

CA

Zip Code

92630-3685

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SUPR OPS COMPLIANCE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : PR336780112059

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. JAMES P WITKOWSKI

Mailing Address 5620 FOXTAIL LOOP

City

CARLSBAD

State

CA

Zip Code

92010-7154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

CHANNEL MKTG DIR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : PR336780212059

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

155.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. MICHAEL F MIRANNE**

Mailing Address 153 SHUTE CIR

City

OLD HICKORY

State

TN

Zip Code

37138-1956

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR FVP NSM FI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR344191512059**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DANIEL J KUBICA**

Mailing Address 26362 YOLANDA ST

City

LAGUNA HILLS

State

CA

Zip Code

92656-3111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR FLD FIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR435822612059**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. CARLA M MILLER**

Mailing Address 2116 BARLASS DR

City

ROCKWALL

State

TX

Zip Code

75087-7138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FIELD VICE PRES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR435822712059**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. JOSEPH J NICOLOSI**

Mailing Address 5865 E ANDOVER DR

City State Zip Code  
 HANOVER PARK IL 60133-5240

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

FIELD VICE PRES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : PR435822912059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. CHRISTIAN J PHANCO**

Mailing Address 18710 ORIENTE DR

City State Zip Code  
 YORBA LINDA CA 92886-2555

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : PR435823112059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. VINCENT A SPERA**

Mailing Address 1616 LOOKOUT CIR

City State Zip Code  
 WAXHAW NC 28173-8085

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : PR435823512059

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. JOANNE T GAGNON**

Mailing Address 403 S SAPODILLA AVE

City State Zip Code  
 WEST PALM BEACH FL 33401-5765

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP M MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR482322212059

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. GARY D PENCE**

Mailing Address 27691 BLOSSOM HILL RD

City State Zip Code  
 LAGUNA NIGUEL CA 92677-6012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

MGR ADVANCED MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR482322612059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. DAVID T CHANG**

Mailing Address 18 IROQUOIS CT

City State Zip Code  
 IRVINE CA 92602-0751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ERM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR595292512059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

192.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOHN F TRUJILLO**

Mailing Address 650 E CHASE DR

City  
CORONA

State  
CA

Zip Code  
92881-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP SYSTEMS ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR595292712059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. ROBERT V IPPOLITO**

Mailing Address 6276 WINGSPAN WAY

City

BRADENTON

State

FL

Zip Code

34203-7120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR607505012059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. CADE H CHERRY**

Mailing Address 20 ESTERO POINTE

City

ALISO VIEJO

State

CA

Zip Code

92656-7040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP FIELD FINANCIAL MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR611258812059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. GARY L FALDE**

Mailing Address 9212 SANTIAGO DR

City State Zip Code  
HUNTINGTON BEACH CA 92646-6342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & CHIEF ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR611259012059**

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. SUSAN S PECK**

Mailing Address 12521 WEDGWOOD CIR.

City State Zip Code  
TUSTIN CA 92780-2879

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

GOVERNANCE & PROGRAM MGMT CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR611259412059**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. REBECCA S WARWAR**

Mailing Address 196 S SAGEWOOD ST

City State Zip Code  
ORANGE CA 92869-5614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR DC & MAINFRAME SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR611259712059**

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

165.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. WESLEY J FARNER**

Mailing Address 42 MERIDIAN DR

City

ALISO VIEJO

State

CA

Zip Code

92656-2696

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR FINANCIAL ANALYST II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR678850412059

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. MATTHEW L HANSBERGER**

Mailing Address 5516 RIVER AVE

City

NEWPORT BEACH

State

CA

Zip Code

92663-2213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP OPEN SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR678850612059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. MATTHEW A LEVENE**

Mailing Address 22131 CHERRYWOOD

City

MISSION VIEJO

State

CA

Zip Code

92692-4501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR678850712059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

185.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. MICHELLE P O'HAREN

Mailing Address 790 N COAST HWY

City

LAGUNA BEACH

State

CA

Zip Code

92651-1403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ADVANCED SALES CONS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : PR678850812059

Amount of Each Receipt this Period

60.00

☐ Memo Item

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. JESSICA L RICE

Mailing Address 511 S 51ST AVE

City

OMAHA

State

NE

Zip Code

68106-1362

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INTERNAL WHOLESALING

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : PR678851012059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. JOHN M CHURCH

Mailing Address 19011 WOODLAND WAY

City

TRABUCO CANYON

State

CA

Zip Code

92679-1079

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

PRODUCT MKTG SPEC

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : PR680011812059

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

200.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. ALEXANDER F MUNRO**

Mailing Address 8 HILLSBOROUGH

City

NEWPORT BEACH

State

CA

Zip Code

92660-6733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ENTERPRISE TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR680012012059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. KORY J OLSEN**

Mailing Address 20241 BRENTSTONE LN

City

HUNTINGTON BEACH

State

CA

Zip Code

92646-5118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ACTUARIAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR691190612059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. SARAH A JARVIS**

Mailing Address 10209 HOLBURN DR

City

HUNTINGTON BEACH

State

CA

Zip Code

92646-4346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR701457112059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. KIM R CUNNINGHAM**

Mailing Address 15117 SPECTRUM

City

IRVINE

State

CA

Zip Code

92618-3426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR713129112059**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DAVID N FANGER**

Mailing Address 817 10TH ST

City

SANTA MONICA

State

CA

Zip Code

90403-1619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CORP DEV FIN ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR713129212059**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. JANE B FORBES**

Mailing Address 3376 CUMBERLAND LN

City

FRISCO

State

TX

Zip Code

75033-2376

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

LTC REGIONAL DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR713129312059**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 105

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. JANE M GUON

Mailing Address 5 SPRINGWOOD

City State Zip Code  
IRVINE CA 92604-4650

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP &amp; SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : PR713129512059

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. JACQUES HUNTER

Mailing Address 1215 GOLDENROD AVE

City State Zip Code  
CORONA DEL MAR CA 92625-1306

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR FVP NSM RW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : PR713129612059

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. JOSEPH KORDOVI

Mailing Address 11 SUNRIVER

City State Zip Code  
IRVINE CA 92614-5402

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PRODUCT DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : PR713129712059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOSEPH A NAGEL**

Mailing Address 23995 PIRAGUA PL

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-4233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR713129812059**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. KATHLEEN J MELGAR**

Mailing Address 2821 MONTEREY AVE

City

COSTA MESA

State

CA

Zip Code

92626-5534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PRODUCT DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR713130012059**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. RUSSELL S PROCTOR**

Mailing Address 9 NORTHERN PINE LOOP

City

ALISO VIEJO

State

CA

Zip Code

92656-6034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR PENSION SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR714269912059**

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. KEVIN R BYRNE**

Mailing Address 2110 CATALINA ST

City

LAGUNA BEACH

State

CA

Zip Code

92651-3677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP FINANCE & RISK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR723508112059

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOHN R CRUISE**

Mailing Address 4348 WAIALAE AVE #507

City

HONOLULU

State

HI

Zip Code

96816-5767

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR723508212059

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. MATTHEW C DOMICH**

Mailing Address 3553 S ALBION ST

City

CHERRY HILLS VILLAGE

State

CO

Zip Code

80113-4203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR723508312059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

475.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JAMES L EHRET**

Mailing Address 6815 TRAFALGAR LOOP

City State Zip Code  
DUBLIN OH 43016-8316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR723508412059**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. RYAN J JOHNSON**

Mailing Address 4531 NINA LN

City State Zip Code  
MIDDLETON WI 53562-5325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR723508512059**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. DOUGLAS E KALMEY**

Mailing Address 314 CORALBERRY RD.

City State Zip Code  
LOUISVILLE KY 40207-5704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR723508612059**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. THOMAS M KELLY**

Mailing Address 779 ALDEN LN

City  
LIVERMORE

State Zip Code  
CA 94550-4752

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR723508712059**

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$150.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DAVID L LAUTENSCHLAGER**

Mailing Address 22192 BROOKPINE

City  
MISSION VIEJO

State Zip Code  
CA 92692-1084

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP PRODUCT DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR723508812059**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. THOMAS R MARKS**

Mailing Address 203 DIERKS DR

City  
WESTERN SPRINGS

State Zip Code  
IL 60558-2030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR723508912059**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

425.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JONATHAN H WALKER**

Mailing Address 99 SKYLINE TERRACE

City

MILL VALLEY

State

CA

Zip Code

94941-3484

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR723509212059

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JASON P WOLF**

Mailing Address 21817 NE 97TH PL

City

REDMOND

State

WA

Zip Code

98053-7689

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR723509312059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. SUSAN A WOOD**

Mailing Address 809 GREER ST

City

COVINGTON

State

KY

Zip Code

41011-1350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ADVANCED SALES CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR723509412059

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$200.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

385.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. BRIAN T WOOLFOLK**

Mailing Address 828 S 182ND ST

City  
ELKHORN

State Zip Code  
NE 68022-5707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP PRICING & PRODUCT DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR723509512059

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. RICHARD V HEWLETT**

Mailing Address 4543 MIDDLE RD

City  
ALLISON PARK

State Zip Code  
PA 15101-1111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR726468312059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JAMES B CLINKSCALES**

Mailing Address 3408 AUTUMN CT

City  
FORT WORTH

State Zip Code  
TX 76109-2606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR737236512059

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

475.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 66 OF 105

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. FRANK L BECERRA**

Mailing Address 2004 VIA AGUILA

City State Zip Code  
 SAN CLEMENTE CA 92673-5670

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR NETWORK & STORAGE SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR749794412059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. KEITH A BUCK**

Mailing Address 27743 HOMESTEAD RD

City State Zip Code  
 LAGUNA NIGUEL CA 92677-3762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ADVANCED DESIGNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR749794512059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JOHN G REBER**

Mailing Address 6 CORTE ABEJA

City State Zip Code  
 SAN CLEMENTE CA 92673-7006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP INDEPENDENT PROD NETWORK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR749795912059

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

375.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MS. RANIA C SARKIS**

Mailing Address 1070 NORIA ST

City	State	Zip Code
LAGUNA BEACH	CA	92651-3530

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

ADVD DESIGN MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : PR749796012059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOSHUA D SCOTT**

Mailing Address 30 ORION WAY

City	State	Zip Code
COTO DE CAZA	CA	92679-5116

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP FIN PLNG &amp; ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : PR749796212059

Amount of Each Receipt this Period

41.66

☐ Memo Item

P/R Deduction (\$41.66 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JOSEPH C LEE**

Mailing Address 1244 BRIDLE ESTATES DR

City	State	Zip Code
YARDLEY	PA	19067-3957

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

NATL SLS MGR WIREHOUSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : PR751591212059

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

266.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. TIMOTHY F SHONTERE**

Mailing Address 24642 BENJAMIN CIR

City  
DANA POINT

State Zip Code  
CA 92629-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP EMPLOYEE RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR751591312059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. BRYAN L BOND**

Mailing Address 22391 GRAVINO

City  
LAGUNA HILLS

State Zip Code  
CA 92653-1844

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR LIFE OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR754273512059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. CHRISTOPHER R CAIRNS**

Mailing Address 8008 PASEO ESMERADO

City  
CARLSBAD

State Zip Code  
CA 92009-9800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR NATIONAL SALES MGR RLO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR754273612059

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. CHRISTOPHER T RITONDO**

Mailing Address 46 TIMBERNECK DR

City  
READING

State  
MA

Zip Code  
01867-1845

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR FVP NATIONAL ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR754273712059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. MATTHEW M HOSKINS**

Mailing Address 28021 ENCANTO

City  
MISSION VIEJO

State  
CA

Zip Code  
92692-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR DIR NAT'L ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR766632612059

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JOHN P ANGEL**

Mailing Address 460 S POPLAR AVE

City  
ELMHURST

State  
IL

Zip Code  
60126-4014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR799017912059

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

215.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. WILLIAM C BARCLAY**

Mailing Address 779 OLD COUNTRY RD

City  
WESTPORT

State Zip Code  
MA 02790-1168

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR799018012059

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. WILLIAM G BEAGLE**

Mailing Address 1 TOSCANY

City  
IRVINE

State Zip Code  
CA 92614-0248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR MF STRATEGIC PLATFORMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR799018112059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. MATTHEW R BOKOSKY**

Mailing Address 171 E 18TH ST

City  
COSTA MESA

State Zip Code  
CA 92627-3058

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR DIR NAT'L ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR799018212059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOHN J CONOVER**

Mailing Address 145 LINDEN DR

City State Zip Code  
 BASKING RIDGE NJ 07920-1964

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR799018512059**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. KURT A DAMRON**

Mailing Address 9563 HAMPTON RESERVE DR

City State Zip Code  
 BRENTWOOD TN 37027-8485

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR799018712059**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. ERICK R KROSKY**

Mailing Address 2013 E ANDERSON DR

City State Zip Code  
 PHOENIX AZ 85022-2281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR799019012059**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. KENNETH A MCCLINTOCK**

Mailing Address 3915 BELL HOLLOW LN

City  
KATY

State  
TX

Zip Code  
77494-2455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR799019112059

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOHN C TEMME**

Mailing Address 3352 FALLING WATER CT

City

SIMI VALLEY

State

CA

Zip Code

93063-5749

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR799019312059

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. WALTER B ZINYCH**

Mailing Address 1376 HELLER DR

City

YARDLEY

State

PA

Zip Code

19067-2714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR799019512059

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

525.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. MARK S CAMPISANO**

Mailing Address 6 BETHANY

City State Zip Code  
 LAGUNA NIGUEL CA 92677-2931

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP TAX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 30 2016

Transaction ID : PR801927312059

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. STUART I HUTCHINS**

Mailing Address 7997 S FAIRFAX CT

City State Zip Code  
 CENTENNIAL CO 80122-3883

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 30 2016

Transaction ID : PR801927412059

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. SAMUEL E MASEMER**

Mailing Address 225 CALEB DR

City State Zip Code  
 WEST CHESTER PA 19382-6177

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP INVESTMENT SPEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 30 2016

Transaction ID : PR805019112059

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

525.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOHN H SHIRIKIAN**

Mailing Address 25196 VIA VERACRUZ

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-7349

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR812523312059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOHN T DIECK**

Mailing Address 7 LOAM

City

COTO DE CAZA

State

CA

Zip Code

92679-5225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP AGGREGATE RISK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR821860312059

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. DAVID M LANGAN**

Mailing Address 14 ANNESLEY DR

City

GLEN MILLS

State

PA

Zip Code

19342-1357

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR821860512059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. MICHAEL W MCHARGUE**

Mailing Address 1765 BLACKHAWK DR

City  
LINCOLN

State  
NE

Zip Code  
68521-9085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

IW DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR821860612059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. HUGH M MENIN**

Mailing Address 9861 E PINWOOD AVE

City  
ENGLEWOOD

State  
CO

Zip Code  
80111-5446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR PENSION SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR821860712059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. CATHY J MORRIS**

Mailing Address 1431 S 123RD ST

City  
OMAHA

State  
NE

Zip Code  
68144-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

IW SALES DESK DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR821860812059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. ARTHUR V PANIGHETTI**

Mailing Address 405 PROMONTORY DR E

City State Zip Code  
 NEWPORT BEACH CA 92660-7447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP REGULATORY PROJECT (ERM)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR821860912059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DAVID M RUIZ**

Mailing Address 23 PASEO BREZO

City State Zip Code  
 RANCHO SANTA MARGARITA CA 92688-2867

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP VALUATION ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR821861012059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. PATRICIA A THOMPSON**

Mailing Address 1024 BAYSIDE DRIVE

City State Zip Code  
 NEWPORT BEACH CA 92660-7462

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGULATORY COMPLIANCE DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR821861312059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. JULIE A AHLERT**

Mailing Address 2465 VISTA HUERTA

City State Zip Code  
 NEWPORT BEACH CA 92660-4039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR ACCTG & FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR823372512059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. T. REED BONNER**

Mailing Address 853 FARM QUARTER RD

City State Zip Code  
 MOUNT PLEASANT SC 29464-9552

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR826843212059

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. THOMASITO N PIEDAD**

Mailing Address 24 CIPRESSO

City State Zip Code  
 IRVINE CA 92618-0105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP MKT/PORT RISK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR826843412059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

140.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. CORINNE M SUDBECK**

Mailing Address 500 39TH ST

City

NEWPORT BEACH

State

CA

Zip Code

92663-3290

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : PR826843712059**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. LEE A BENNETT**

Mailing Address 11285 SHOREVIEW CIR

City

INDIANAPOLIS

State

IN

Zip Code

46236-8626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR DIR NAT'L ACCTS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : PR827777912059**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. GEORGE M MCFADDEN**

Mailing Address 20721 AVALON DR

City

ROCKY RIVER

State

OH

Zip Code

44116-1317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : PR829263112059**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

275.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. KEVIN A CORWIN**

Mailing Address 8920 OLDE MEADOW WAY

City State Zip Code  
SPOTSYLVANIA VA 22551-4568

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR832704312059**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. GEOFFREY P KISSEL**

Mailing Address 16 WHISTLING ISLE

City State Zip Code  
IRVINE CA 92614-5458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INSTITUTIONAL SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR835331812059**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. GEORGE A MAHASSEL**

Mailing Address 4 STONEGATE CIR

City State Zip Code  
GRAFTON MA 01519-1250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR835331912059**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. DARRELL DELL'ANDREA**

Mailing Address 1 BLUECOAT

City

IRVINE

State

CA

Zip Code

92620-2607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COMPLIANCE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

405.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR840159112059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. EDMUND M JOHNSON**

Mailing Address 23 HOLLYHOCK LN

City

MISSION VIEJO

State

CA

Zip Code

92692-5944

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ARCHITECTURE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR848549912059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. EDWARD F BACON**

Mailing Address 19 CORONEL PL

City

ALISO VIEJO

State

CA

Zip Code

92656-1631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP FIN PLANNING & RPTG

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR849893812059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. HEATHER R BRADLEY**

Mailing Address 5208 TELMO

City

IRVINE

State

CA

Zip Code

92618-0193

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

LTC REGIONAL DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : PR849893912059**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. NICOLE J HOURIGAN**

Mailing Address 314 WALNUT ST

City

NEWPORT BEACH

State

CA

Zip Code

92663-1922

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR FINANCIAL OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : PR849894212059**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. MONICA M KANG**

Mailing Address 113 DOVERWOOD

City

IRVINE

State

CA

Zip Code

92620-2175

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ADVD DESIGN CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : PR849894412059**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

275.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. HYUNG T KIM**

Mailing Address 39 WYNDHAM ST

City

LADERA RANCH

State

CA

Zip Code

92694-0251

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RE INVESTMENTS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : PR849894512059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. MICHAEL R SPINA**

Mailing Address 15971 MATARO BAY CT

City

DELRAY BEACH

State

FL

Zip Code

33446-9731

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : PR849894612059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JAMES E YECKEL**

Mailing Address 21681 BLUEJAY ST

City

TRABUCO CANYON

State

CA

Zip Code

92679-3469

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

BUS UNIT AUDIT MGR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : PR849894712059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. KARL SNOVER**

Mailing Address 1045 RUDGEAR RD

City

WALNUT CREEK

State

CA

Zip Code

94596-6425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIRECTOR EXPENSE MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR854250912059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. KENDRA E BRAMLEY**

Mailing Address 303 CROCUS CT

City

ENCINITAS

State

CA

Zip Code

92024-1765

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR NAT'L ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR858069812059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. MAX E GOKHMAN**

Mailing Address 27 CANYON CREST DR

City

CORONA DEL MAR

State

CA

Zip Code

92625-1142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ASSET ALLOCATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR858070012059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. MICHAEL J JORDAN**

Mailing Address 90 PILGRIM LN

City

DREXEL HILL

State

PA

Zip Code

19026-4808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP MUTUAL FUND SPEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR858070112059

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DAVID M MURPHY**

Mailing Address 6212 THOLOZAN AVE

City

SAINT LOUIS

State

MO

Zip Code

63109-1366

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR858070212059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. PIERA PUCCIO**

Mailing Address 769 E DEVON AVE

City

ROSELLE

State

IL

Zip Code

60172-1461

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR DIR NAT'L ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR858070312059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JEFF P RICHARDS**

Mailing Address 9600 ALPINE DR

City

DES MOINES

State

IA

Zip Code

50322-1384

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR858070412059

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. ROBERT J GOODMAN**

Mailing Address 26 CRYSTALAIR

City

RANCHO SANTA MARGARITA

State

CA

Zip Code

92688-8717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PMO & STRATEGIC ALIGNMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR874489412059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. PETER K HAN**

Mailing Address 18149 REDCASTLE ST

City

YORBA LINDA

State

CA

Zip Code

92886-6125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP SALES SUPPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : PR874489512059

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. BRETT M HYNES**

Mailing Address 12 SALINAS

City State Zip Code  
 FOOTHILL RANCH CA 92610-1861

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP FIELD NATIONAL ACCOUNTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR874489612059**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JAMES R LORD**

Mailing Address 2830 2ND AVE

City State Zip Code  
 CORONA DEL MAR CA 92625-2198

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : PR874489812059**

Amount of Each Receipt this Period

175.00

☐ Memo Item

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00

30694.64

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 87 OF 105

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Andy Barr for Congress**

Mailing Address 402 A South Capitol Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Andy Barr**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: KY	District: 06

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 14093811**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Becerra for Congress**Mailing Address 625 3rd Street NE  
Suite 2

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement  
Contribution

Candidate Name

**Xavier Becerra**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 34

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 14093812**

Amount of Each Disbursement this Period

2000.00
---------

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Friends of Roy Blunt**

Mailing Address 209 Pennsylvania Ave, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Roy Blunt**

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: MO	District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 14093813**

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item  
Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ben Cardin for Senate**

Mailing Address 38 Ivy Street, SE

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Benjamin Cardin**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 14093814**

Amount of Each Disbursement this Period

1500.00
---------

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Cleaver for Congress**

Mailing Address 413 New Jersey Ave, SE

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Emanuel Cleaver II**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MO District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 14093815**

Amount of Each Disbursement this Period

2000.00
---------

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Davis for Congress**

Mailing Address 5956 W. Race Avenue

City Chicago	State IL	Zip Code 60644
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Danny Davis**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IL District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 14093816**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item  
Contribution**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 89 OF 105

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Donnelly for Indiana**

Mailing Address 1433 R Street NW #2

City Washington	State DC	Zip Code 20009
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Joseph Donnelly Sr.**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 14093817**

Amount of Each Disbursement this Period

4000.00
---------

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Scott Garrett for Congress**

Mailing Address P.O. Box 368

City Falls Church	State VA	Zip Code 22040
----------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Scott Garrett**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NJ District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 14093818**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Heidi for Senate**

Mailing Address 420 C Street, NE

City Washington	State DC	Zip Code 20002
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Ms. Heidi Heitkamp**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: ND District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 14093819**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item  
Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Heidi for Senate**

Mailing Address 420 C Street, NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement  
Contribution

Candidate Name

**Ms. Heidi Heitkamp**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: ND District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 14093820**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Jeb Hensarling**

Mailing Address PO Box 820504

City	State	Zip Code
Dallas	TX	75382

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Jeb Hensarling**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 14093821**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Hoyer for Congress**

Mailing Address 499 S. Capitol Street, Suite 406

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**Steny Hoyer**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 14093822**

Amount of Each Disbursement this Period

1500.00
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☐ Memo Item  
Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Huizenga for Congress**

Mailing Address 402 A South Capitol St, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Bill Huizenga**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 14093823**

Amount of Each Disbursement this Period

2000.00
---------

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Kirk for Senate**Mailing Address 1020 North Fairfax Street  
Suite 201

City	State	Zip Code
Washington	DC	22314

Purpose of Disbursement  
Contribution

Candidate Name

**Mark Kirk**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 14093824**

Amount of Each Disbursement this Period

2000.00
---------

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Kevin McCarthy for Congress**

Mailing Address 213 Ashby Street

City	State	Zip Code
Alexandria	VA	22305

Purpose of Disbursement  
Contribution

Candidate Name

**Kevin McCarthy**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 14093825**

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item  
Contribution**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Moran for Kansas**

Mailing Address PO Box 91615

City	State	Zip Code
Washington	DC	20090

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. Jerry Moran**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 14093826**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Richard E. Neal for Congress**

Mailing Address 410 1st Street, SE, Ste 310

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**Richard Neal**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 14093827**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Perlmutter for Congress**Mailing Address 499 S. Capitol Street, SW  
Suite 422

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Edwin Perlmutter**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 14093828**

Amount of Each Disbursement this Period

2000.00
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☐ Memo Item  
Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 93 OF 105

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Peters for Michigan**

Mailing Address 3701 Porter Street NW

City	State	Zip Code
Washington	DC	20016

Purpose of Disbursement  
Contribution

Candidate Name

**Gary Peters**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2020
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 14093829**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Roberts for Senate**Mailing Address 325 7th Street, NW  
Suite 400

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Pat Roberts**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2020
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 14093830**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Shelby for U.S. Senate**

Mailing Address 499 S Capitol St SW, Ste 420

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**Richard Shelby**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: AL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 14093831**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item  
Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kyrsten Sinema for Congress**

Mailing Address 220 I Street NE, Ste 250

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Kyrsten Sinema**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 14093832**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Mike Thompson for Congress**Mailing Address 413 New Jersey Ave., SE  
Basement Level

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**Mike Thompson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 14093833**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Mike Thompson for Congress**Mailing Address 413 New Jersey Ave., SE  
Basement Level

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**Mike Thompson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 14093834**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item  
Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tiberi for Congress**

Mailing Address 217 3rd Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Patrick Tiberi**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 14093835**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Brad Ashford For Congress**

Mailing Address PO Box 24023

City	State	Zip Code
Omaha	NE	68124

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Brad Ashford**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NE District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 14153134**

Amount of Each Disbursement this Period

3000.00
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☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Beatty For Congress**Mailing Address 499 South Capitol Street, SW  
Suite 422

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Joyce Beatty**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 14153135**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item  
Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Blumenauer for Congress**

Mailing Address 901 SE Oak Street #105

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Earl Blumenauer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 14153136**

Amount of Each Disbursement this Period

3000.00
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☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Boustany for Senate, Inc.**

Mailing Address 1634 I Street NW, Suite 200

City	State	Zip Code
Washington	DC	20006

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Charles Boustany Jr.**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 14153137**

Amount of Each Disbursement this Period

2000.00
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☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Making America Prosperous PAC**

Mailing Address 104 Hume Avenue

City	State	Zip Code
Alexandria	VA	22301

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 14153138**

Amount of Each Disbursement this Period

2000.00
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☐ Memo Item  
Contribution**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. The Richard Burr Committee**Mailing Address 325 7th Street, NW  
Suite 400

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Contribution

Candidate Name

**Richard Burr**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 14153139**

Amount of Each Disbursement this Period

3000.00
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☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Capito For West Virginia**

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Candidate Name

**Shelley Capito**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 14153140**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Keystone Victory Fund**

Mailing Address 10 G NE Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 14153141**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item  
Contribution**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Collins for Senator**Mailing Address 1020 N. Fairfax Street  
Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Candidate Name

**Susan Collins**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ME District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 14153142**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. CROWLEY FOR CONGRESS**

Mailing Address 410 1st Street, SE, Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

**Joseph Crowley**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 14153143**

Amount of Each Disbursement this Period

5000.00
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☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Dold For Congress**Mailing Address 1001 Pennsylvania Avenue, NW  
Suite 1300 North

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Bob Dold Jr.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 14153144**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item  
Contribution**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Grassley Committee Inc.**

Mailing Address 1020 North Fairfax St., Suite 201

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Contribution

Candidate Name

**Charles Grassley**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 14153145**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Joe Heck**Mailing Address 1111 19th Street, NW  
Suite 1100

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement  
Contribution

Candidate Name

**Joe Heck**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 14153146**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Himes For Congress**

Mailing Address 410 1st Street SE, Suite 310

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. James Himes**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CT District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 14153147**

Amount of Each Disbursement this Period

2000.00
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☐ Memo Item  
Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Moore For Congress**

Mailing Address PO Box 16646

City Milwaukee	State WI	Zip Code 53216
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Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Gwendolynne Moore**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 14153148**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Dave Reichert**Mailing Address 499 South Capitol Street, SW  
Suite 420

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. David Reichert**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 14153149**

Amount of Each Disbursement this Period

4000.00
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☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Jason Smith For Congress**

Mailing Address 213 Ashby Street

City Alexandria	State VA	Zip Code 22305
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Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Jason Smith**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : 14153150**

Amount of Each Disbursement this Period

1500.00
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☐ Memo Item  
Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. George Holding For Congress**

Mailing Address 217 3rd Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. George Holding**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

**Transaction ID : 14157624**

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Hoyer for Congress**

Mailing Address 499 S. Capitol Street, Suite 406

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**Steny Hoyer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

**Transaction ID : 14157625**

Amount of Each Disbursement this Period

1500.00
---------

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Issa For Congress**

Mailing Address PO Box 368

City	State	Zip Code
Falls Church	VA	22040

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Darrell Issa**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 49

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

**Transaction ID : 14157626**

Amount of Each Disbursement this Period

3000.00
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☐ Memo Item  
Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Alan Lowenthal For Congress**

Mailing Address 228 Second Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Alan Lowenthal PhD**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 47

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

**Transaction ID : 14157627**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Kenny Marchant For Congress**

Mailing Address 104 Hume Avenue

City	State	Zip Code
Alexandria	VA	22301

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Kenny Marchant**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

**Transaction ID : 14157628**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Kevin McCarthy for Congress**

Mailing Address 213 Ashby Street

City	State	Zip Code
Alexandria	VA	22305

Purpose of Disbursement  
Contribution

Candidate Name

**Kevin McCarthy**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

**Transaction ID : 14157629**

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item  
Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. McCaskill for Missouri**

Mailing Address 220 I Street, NE, Suite 250

City Washington	State DC	Zip Code 20002
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Purpose of Disbursement  
Contribution

Candidate Name

**Claire McCaskill**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

**Transaction ID : 14157630**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. McConnell for Majority Leader**

Mailing Address P.O. Box 1469

City Louisville	State KY	Zip Code 40201
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Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

**Transaction ID : 14157632**

Amount of Each Disbursement this Period

3000.00
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☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Meehan for Congress**

Mailing Address 402 A South Capitol Street, SE

City Washington	State DC	Zip Code 20003
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Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Patrick Meehan**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

**Transaction ID : 14157634**

Amount of Each Disbursement this Period

2000.00
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☐ Memo Item  
Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kristi For Congress**

Mailing Address PO Box 15239

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Kristi Noem**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SD District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

**Transaction ID : 14157638**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Erik Paulsen**

Mailing Address P.O. Box 44369

City	State	Zip Code
Eden Prairie	MN	55344

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Erik Paulsen**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

**Transaction ID : 14157640**

Amount of Each Disbursement this Period

3000.00
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☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Rob Portman for US Senate**

Mailing Address 1111 19th Street, NW - Suite 1100

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. Rob Portman**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

**Transaction ID : 14157641**

Amount of Each Disbursement this Period

3000.00
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☐ Memo Item  
Contribution**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tom Reed For Congress**

Mailing Address PO Box 10847

City	State	Zip Code
Rochester	NY	14610

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Tom Reed**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 23

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

**Transaction ID : 14157643**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. THE COMMITTEE TO RE-ELECT LINDA SANCHEZ**

Mailing Address 410 1st Street SE, Suite 310

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**Linda Sanchez**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 38

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

**Transaction ID : 14157644**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Stivers For Congress**

Mailing Address 217 Third Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Steve Stivers**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 15

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

**Transaction ID : 14157648**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item  
Contribution
**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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97500.00
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